



U.S. Ambassador's HIV/AIDS Community Grants



The U.S. Ambassador's HIV/AIDS Community Grants program assists small grassroots, community-run projects all over South Africa. It aims to strengthen prevention, care and health service delivery in communities affected by HIV and AIDS. The program supports community groups in efforts such as:

- Support for orphans and vulnerable children (OVC)
- Support for community-based HIV and AIDS palliative care and home health care

Project members must make voluntary contributions, such as money, labor or other services toward their efforts. **The greater the involvement and contribution from the local community, the more likely the project grant will gain approval.** Projects should show a desire to make a long-term impact in their communities and move towards sustainability; and the grant application should reflect this in terms of the funding request. After the grant money is used, the project must be able to continue on its own or with forthcoming help from the community.

The Community Grants program is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Each organization that is funded will be required to measure and report the results it achieves with the grant in terms of PEPFAR's reporting requirements. **Grants generally amount to US \$10,000 (approximately R 70,000 at current exchange rates).** Grants are awarded for a one year period and requests to renew a grant for up to three years are carefully reviewed. The Community Grants program receives many applications and only has a limited amount of funds available. However, **each application received by the deadline of February 1**, will be considered. If your organization's application has been short-listed, you will hear from the Community Grants Office by 1 August.

Please read the Project Guidelines on the following pages carefully.

If your organization has a project that falls within the U.S. Ambassador's HIV/AIDS Community Grants Program guidelines, use the attached application to apply for a grant and send it to the office address below. The Community Grants Coordinator may contact you and schedule a site visit to assess the capabilities of your project.

Embassy, Pretoria: North of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of Limpopo	Cape Town: Western Cape, Northern Cape and Eastern Cape (west of the N6)	Durban: Kwa-Zulu Natal and the Eastern Cape (east of the N6)	Johannesburg: South of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of the Free State
Community Grants U.S. Embassy Location: 877 Pretorius Street Arcadia 0083 Postal Address: P. O. Box. 9536 Pretoria 0001 Contact Details: Tel: (012) 431-4240/60 Fax: (012) 431-4086	Community Grants U.S. Consulate General Location: 2 Reddam Avenue Westlake 7945 Postal Address: Postnet Suite 50, Private Bag X26 Tokai, 7966 Contact Details: Tel: (021) 702-7387/7482 Fax: (021) 702-7371	Community Grants U.S. Consulate General Location/Postal: 303 Dr Pixley kaSeme (West) Street, 30 Floor Old Mutual Centre Durban 4001 Contact Details: Tel: (031) 305-7600 Fax: (031) 305-7614	Community Grants U.S. Consulate General Location: 1 Sandton Drive Sandhurst Postal Address: P.O. Box 787197 Sandton 2146 Contact Details: Tel: (011) 290-3000 Fax: (011) 884-0238

U.S. Ambassador's HIV/AIDS Community Grants Project Guidelines

Qualifications for Funding

HIV and AIDS Community Grant activities fall into one of two categories:

- Support for orphans and vulnerable children (OVC)
- Support for community-based HIV and AIDS palliative care and home health care

There is no one ideal Community Grant project. However, successful projects share similar features. Community Grant activities should:

- Support orphans and vulnerable children (OVC) and/or people living with HIV or AIDS.
- Improve basic conditions at the local, community or village level (i.e. through providing care and support to OVC and/or people living with HIV or AIDS).
- Be community driven. Projects should be oriented toward communities, not individuals.
- Provide services directly to the community.
- Benefit a substantial number of people in the community.
- Involve a contribution of labor, money or materials by members of the local community.
- Be within the means of the local community to operate and maintain.
- Permit quick implementation and impact, using the entire grant within the one-year agreement period.
- Be conducted by local (South African) groups. Community-based organizations, faith-based organizations and groups of people living with HIV or AIDS are encouraged to apply.
- **Be focused on long-term community impact and the project must be able to continue on its own or with help from the community when the grant is completed.**
- Be able to measure the results of your work (for example, be able to tell how many children or patients are served; how many volunteers are trained; how many people are reached during a campaign.)

Acceptable Uses for Community Grant Funding

Funds may be requested for any of the following:

- Home-based caregiver kits and medical supplies
- SETA-Accredited training or organizational capacity training for staff and volunteers
- Equipment for OVC centres
- Educational materials and training supplies
- Equipment, materials and technical training for income generation initiatives
- Administrative or operating costs that contribute towards managing the grant and on a limited basis support general operations, such as telephone costs, postage, transport and supplies/photocopies. Administrative costs must be less than 10% of the total budget request.
- Structured and measurable prevention and awareness campaigns, workshops, and outreach sessions to the community. The Community Grants Office can assist you

to obtain free prevention materials from PEPFAR and the South African Government to use during campaigns. Therefore funds cannot be used to develop prevention materials that can be obtained from other sources. Please provide a specific breakdown of how money requested for community awareness will be used.

If your project is considered for funding, you will need to provide **quotations** from vendors for large items to be purchased.

Unauthorized Uses for Community Grant Funding

- The U.S. Ambassador's HIV/AIDS Community Grants program cannot contribute money to a building fund, nor can it pay for stipends, motorized vehicles (or the maintenance of project vehicles), medicine, food, school uniforms, school fees, bursaries or personal expenses.
- The program cannot fund private businesses, private crèches, or public schools.

Measurable Results

To qualify for funding, your project must be able to measure how it contributes to HIV/AIDS and OVC care. Page 5 of the application asks for these statistics. Additionally, each project accepted for funding must report its results twice a year (31 March and 30 September). You must be able to count or describe the following:

Orphans and Vulnerable Children (OVC) Projects

- Services provided (such as food support, shelter, child protection, HIV and AIDS prevention education, general health care)
- Number of children served
- Number of providers/caregivers trained

Community-Based Palliative and Home Care Projects

- Number of individuals provided with general HIV-related palliative and home care
- Type of care provided (such as physical, spiritual, psychological, or social support)
- Number of caregivers trained to provide general HIV-related palliative and home care

For example, an OVC care program might report that over the last year, 75 OVCs received food support and child protection. A program of home-based caregivers might explain that they provide care to 120 patients annually. A drop-in centre might train eight community volunteers each year as activity coordinators. These numbers reveal the work that the project has accomplished, so they are *measurable results*.

Expenditure Reporting

You must account for the funds you have spent, by submitting original receipts for every Rand provided in funding. These will be collected twice during the year, once after 31 March, and once after 30 September.



U.S. Ambassador's HIV/AIDS Community Grants Application for Funding



Contact Information

Name of Organization: _____

Name of Project Coordinator: _____

Telephone/ Cell (*very important*): _____ Fax: _____

Alternate contact person: _____

Position of alternate contact person: _____

Alternate contact person phone number: _____ Fax: _____

E-mail address (*if any*): _____

Location

Postal Address: _____

City: _____ Postal Code: _____

Specific Physical Address: _____

Physical Address (town, village, township): _____

Province: _____ District: _____ Sub-District: _____

Nearest city/town: _____ Traveling time to your project from this city/town: _____ hours

Project Description

What month and year did your project or organization start? _____

What month and year did your project or organization become a registered NPO? _____

How many caregivers work in your project? _____

How many caregivers currently receive stipends? _____

Total number of staff involved in your project (including care givers)? _____

Measurable Results

*What measurable results did your program achieve last year? See **Project Guidelines** for more information on Measurable Results.*

☐ **Orphans and Vulnerable Children**

A child, 0-17 yrs, who is either orphaned or made more vulnerable because of HIV/AIDS:

Orphan: has lost one or both parents to HIV/AIDS

Vulnerable: is more vulnerable because of any or all of the following factors that result from HIV/AIDS:

- Is HIV +
- Lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child;
- Lives outside of family care (e.g. in a residential care or on the streets);
- or is marginalized, stigmatized, or discriminated against.

Number of orphans and vulnerable children served (age 0-18): _____

Services your organization provides to orphans and vulnerable children: _____

☐ **Home Based Community Care**

Number of HIV+ and AIDS+ patients you provide care for: _____

Services your organization provides to people living with HIV and AIDS: _____

☐ **Community Outreach: HIV/AIDS Prevention & Awareness Campaigns**

Number of community members educated with HIV/AIDS Prevention & Awareness last year: _____

☐ **Other Measurable Results**

For example: training (specify number of people trained, type of training, accredited):

Organizational and Community Description

Please describe the current activities of your project: _____

Please describe the history and background of your project: _____

Please describe the accomplishments/achievements of your project (including any awards or distinctions): _____

Please describe the community that your project serves (population, unemployment rates, infection rates, type of housing, etc.): _____

Please describe any income generation activities at your project: _____

How do you plan to sustain the project when the grant period is over? _____

Is the Project in good financial standing? If not, please explain the issues affecting the Project (i.e. bad debts, creditors are threatening or undertaking legal action, prior misuse of funds or fraud claimed against Project and/or members)._____

Contributions from the Community

What has the community contributed to the project? Please check all boxes that are relevant to your project. Provide amount, date and purpose of contribution.

- ☐ Community **cash** Amount: _____ Year: _____ Purpose: _____
- ☐ Community **labor**: _____
- ☐ Community **volunteers**: _____
- ☐ Community **food** contribution: _____
- ☐ Community **clothing** contribution: _____
- ☐ Community **donation other** (please specify): _____

Contributions from Other Donors

What have other donors contributed to the project? Please check all that apply. Provide name of donor, amount, date and purpose of contribution. Continue on separate piece of paper if necessary.

- ☐ Other donor: _____
- ☐ Other donor: _____
- ☐ Other donor: _____

Contributions from South African Government

Is your organization supported by the Department of Social Development or Department of Health (please specify the year of funding, amount of funding and activity supported, primary contact person at the department with phone number):

☐ Department of Health- Contact:_____ Phone:_____
Amount:_____ Year: _____ Activity: _____
Amount:_____ Year: _____ Activity: _____

☐ Department of Social Development- Contact:_____ Phone:_____
Amount:_____ Year: _____ Activity: _____
Amount:_____ Year: _____ Activity: _____

☐ Other Department _____ - Contact:_____ Phone:_____
Amount:_____ Year: _____ Activity: _____
Amount:_____ Year: _____ Activity: _____

U.S. Government Support

Has your organization ever received funding from the U.S. Government or PEPFAR? Yes_____ No_____

*(If yes, please provide dates and purpose of funding)*_____

Project Costs

Amount requested from the United States Community Grants Program. **Total amount of budget should be less than R120,000.**

Budget Category	Total Amount Requested	Detailed budget Breakdown (Description of items to be purchased)
Income Generating Activities	R	
Accredited Training for staff and volunteers	R	
Medical supplies/uniforms	R	
Equipment/ Materials	R	
Transportation	R	
Administrative costs (<10% of budget): Phone Electricity Utilities Office Supplies/ postage	R R R R	
Awareness Activities/ Campaigns	R	
Other (please explain)	R	
TOTAL	R	Must not exceed R120,000

For your application to be considered, you **MUST** attach the following documents:
(please tick box when attached)

- ☐ Copy of total annual operating budget for most recent year
- ☐ A **list of committee members** with their names, positions, addresses, and phone numbers
- ☐ A **list of all people working in the project** (including all staff and volunteers) with names, positions, and phone number s
- ☐ A **map** showing how to get to your project from a major road
- ☐ Copy of **most recent bank statements for every account held by your organization. If your organization has had an audit, please send a copy of the most recent audited financial statement**
- ☐ For projects operating on their own land, proof that the project has its own land (in the name of the project) or permission to occupy the land, e.g. signed **lease agreement** or **land deed**
- ☐ Two references from community stakeholders/partners who are not formally part of your project or organization
- ☐ A copy of your **NPO registration** from the Department of Social Development.

Please note there is an extremely high demand for financial assistance and Community Grant funds are limited. You may provide additional information supporting your application. However, INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

I hereby certify that the information submitted within this application and supporting documents are true to the best of my knowledge. **False claims will result in elimination from consideration.**

Signature: _____ Printed Name: _____

Position: _____ Date: _____

Please submit your complete application to the appropriate office by February 1

Pretoria: North of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of Limpopo	Cape Town: Western Cape, Northern Cape and Eastern Cape (West of the N6)	Durban: Kwa-Zulu Natal and Eastern Cape (East of the N6)	Johannesburg: South of the N4 highway (North West, Gauteng and Mpumalanga provinces), and all of the Free State
Community Grants U.S. Embassy P. O. Box. 9536 Pretoria 0001	Community Grants U.S. Consulate General Postnet Suite 50, Private Bag X26 Tokai, 7966	Community Grants U.S. Consulate General 303 Dr Pixley kaSeme (West) Street, 30 Floor Old Mutual Centre Durban 4001	Community Grants U.S. Consulate General P.O. Box 787197 Sandton 2146